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ABSTRACT

Rational Emotive Education (REE), derived from Rational Emotive Therapy (RET), is a humanistic approach for helping children cope more objectively and effectively with the stress of modern living and personal problems. To investigate the efficacy of teaching REE, 38 acting-out and 42 socially withdrawn adolescents were randomly assigned to one of three groups: REE, Transactional Analysis (TA), or no-treatment control. During the 10-week treatment period, REE or TA sessions were conducted during four consecutive 45-minute sessions. Control students attended regular classes. Teachers completed Burks' Behavior Rating Scale (BBRS) on each student before and after treatment; students completed pre- and post-tests of the Childrens Survey of Rational Concepts-Form C (CSRC) and the Piers-Harris Children's Self-Concept Scale (PHSCS). In addition, 30 days after treatment all children were re-tested with the CSRC, BBRS, and the PHSCS, and Comprehensive Test of Basic Skills data were collected. Analysis of the data indicated significant differences between the REE, TA, and control groups on self-concept, classroom behaviors, and the ability of the acting-out and socially withdrawn adolescents to comprehend REE. The findings indicate that short-term, school-based REE treatment is effective for socially withdrawn adolescents, although a longer period of time may be needed for significant self-concept changes in acting-out adolescents. (LLL)

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THE EFFICACY OF RATIONAL EMOTIVE EDUCATION FOR ACTING-OUT AND SOCIALLY WITHDRAWN ADOLESCENTS

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Paper presented at the Annual Meeting of the American Educational Research Association, New Orleans, LA, April 23-27, 1984.

The Efficacy of Rational Emotive Education
for Acting-out and Socially Withdrawn Adolescents

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ABSTRACT

The present study investigated the efficacy of teaching Rational Emotive Education (REE) to groups of adolescents who were exhibiting acting-out and socially withdrawn behaviors. Thirty-eight acting-out and 42 socially withdrawn adolescents from an intermediate school were randomly assigned to one of the three treatment groups: REE, Transactional Analysis, and no treatment. The treatment programs, consisted of 10 weekly, 45 minute sessions that were held at the school.

The acting-out adolescents who received REE were described by their classroom teachers as being significantly less aggressive, less resistant, having more impulse and anger control, being more socially conforming, and feeling less persecuted.

The socially withdrawn adolescents who received REE obtained significant increases in their self-esteem; they felt better about their outward behaviors, physical appearance and attributes, intellect and school status, anxiety level, popularity, and personal happiness and satisfaction. Additionally, these adolescents were behaviorally described by their classroom teachers as being significantly less anxious, less withdrawn, less dependent, and having better ego strength.

Adolescence is a tumultuous period of development in which there are manifestations at the biological, psychological, and social levels of integration. Biologically, its onset is signaled by the final phase of acceleration of growth and the beginnings of secondary sexual development. Psychologically, it is marked by an acceleration of cognitive growth in the ability for abstract conceptualization, the search for personal identity, and the further evolution of the psychosexual role. Socially, it is a period of intensified preparation for the assumption of an adult role, and its termination is signaled when the person is accorded full adult prerogatives, the timing and nature of which vary widely from society to society (Eisenberg, 1980).

Unfortunately, not all adolescents are successful in passing through the various stages of development, and their problems encompass a variety of behaviors varying in severity and clinical importance. Many behaviors such as disruptiveness in the classroom are identified as major problems because they are bothersome to the teacher, interfere with classroom functioning, and are usually reflective of some degree of psychopathology. Other problems such as social withdrawal might be overlooked and not identified as a problem at all by the teacher, but may be clinically significant because of their relation to subsequent adjustment problems (Jones & Kazdin, 1981).

The purpose of this study was to investigate the efficiency of teaching Rational Emotive Education (REE) to acting-out and socially withdrawn adolescents. This study was designed to demonstrate the changes that REE has on an adolescent's self-concept, academic achievement, classroom behaviors, and the ability to comprehend and retain the concepts of REE over time. It was also designed to investigate whether REE could be taught effectively to "groups" of adolescents within a regular school system. This last question was considered to be an extremely important variable for various reasons. First of all, the REE program was viewed as an effort to make an impact upon the nation's mental health problems via the

primary prevention system. Secondly, it was designed to be a possible cost-effective measure in treating adolescents with pathological problems, especially when one considers the fact that governmental support to the nation's school programs has been curtailed by 20 percent (Combs, 1982; Simon, 1982) and has resulted in the termination or curtailing of many school counseling programs.

The mental health program used in this study is based on a model derived from Rational Emotive Therapy (RET) (Ellis, 1962, 1973, 1979; Ellis & Grieger, 1977). RET postulates that faulty thinking produces excessive negative emotion. Emotional disturbance is not thought to be caused by external events, but by one's perception of the external event (Ellis, 1979). REE is a humanistic approach for helping children cope more objectively and effectively with stresses of modern living and personal problems. REE programs provide teachers with easily adaptable lessons for helping children improve their interpersonal communications, accept themselves, and decisively deal with their own worries and problems. In REE, children are taught to challenge the 11 irrational beliefs and to replace them with constructive alternatives. The REE programs are divided into three sections: (1) Rational Emotive Education background information and basic classroom techniques; (2) lessons and activities which deal with feelings, mistake-making, and challenging; (3) special activities aimed at reducing common classroom behavioral problems such as prejudice, stereotyping, and irresponsibility. The REE program helps students minimize their reactions to disappointment and frustrations, to cope more effectively with problems stimulated by outside events, and to more fully accept themselves by learning a systematic approach in challenging their irrational assumptions (Ritchie, 1978). In conclusion, REE provides a system of personality change that utilizes various philosophic, affective, and behavioral techniques that help students to "get better" rather than "feel better" (Knaus, 1974). This reconstruction is collectively reinforced through assertion training, behavior rehearsal, role playing, and homework assignments (Ritchie, 1978). Because REE

is a didactic form of intervention, the concepts, principles, and philosophy are well suited for classroom situations. Past studies (Brody 1974; Knaus & Boker, 1975; DiGiuseppe & Kassinove, 1976; Ritchie, 1978) that have investigated the effects of REE in the school have utilized only normal, non-disturbed groups of children for subjects and found that it was an effective tool to increase self-confidence, self-concept, and tolerance for personal frustration.

METHOD

A total of 94 socially-withdrawn and acting-out students were used in this study. "Socially withdrawn" students were those who were referred by their classroom teacher to the learning director's or school nurse's office two or more times during the first half of the academic school year for behaviors that were described as being: depressed, withdrawn, reclusive, timid, sensitive, or reserved. "Acting-out" students were those who were referred by their classroom teacher to the learning director's office three or more times during the first half of the academic school year for behaviors that were described as being: disruptive, antisocial, defiant, resistive, nonconforming, or aggressive. Subjects ranged from 12 through 15 years of age. Fifty-four of the subjects were enrolled in the eighth grade and 40 in the seventh grade.

A total of 92 students were pretested. However, two referred subjects were not permitted by their parents to participate in the study, and an additional 12 subjects dropped out after the pretesting period for various reasons. Therefore, 80 students were posttested and then retested again during the follow-up period.

In this study, REE was compared to Transactional Analysis (TA) and to a no-treatment control group with the two identified samples. TA was chosen as the alternative treatment because it is also a preventative program that has been utilized in the schools and has the goal of helping individuals to be more confident and accepting of themselves and others (Ball, 1978). The comparisons

(Table 1 about here)

between groups are presented in Table 1.

The REE Lesson utilized in this study were taken directly from Knaus' (1974) Rational Emotive Education: A Manual for Elementary Teachers. The theoretical concepts of REE provide teachers with easily adaptable lessons for helping children improve their interpersonal communications, accept themselves, and decisively deal with their own worries and problems (Knaus & Eyman, 1976). In REE, children are taught to challenge 11 irrational beliefs and to replace them with constructive alternatives (Knaus, 1977a).

The alternative treatment program utilized in this study is Transactional Analysis, a model of psychotherapy that was devised by Eric Berne (1961). It is a model built on the premise that people are in control of their own lives and that they have the power to transcend their current social conditions through efforts of the self (Corey, 1977). The lessons and concepts used in this study were taken directly from TA for Kids and Grown-Ups Too (Freed, 1971), TA for Tots and Other Prinzes (Freed, 1973) and Born to Win (James & Jongeward, 1971).

INSTRUMENTS

Four instruments were utilized in this study: the Burks' Behavior Rating Scales (Burks, 1977), the Children's Survey of Rational Concepts-Form C (Knaus, 1974), the Piers-Harris Children's Self Concept Scale (Piers & Harris, 1964), and the Comprehensive Tests of Basic Skills (McGraw-Hill, 1973).

Burks'Behavior Rating Scales

As a measure of observable behavior, the Burks' Behavior Rating Scales (BBRS) are specifically designed to identify patterns of pathological behavior exhibited by children who have been referred to school or community counseling agencies because of bahavioral difficulties in the classroom or home (Burks, 1977). The instrument is suitable for use with children in grades one through nine. A five point descriptive scale, in which behavior ranges from "being present to a large extent" to "not being present at all," is applied to each item.

Nineteen subscales are included in this instrument.

Children's Survey of Rational Concepts-Form C

The Children's Survey of Rational Concepts-Form C (CSRC) measures the rational beliefs of adolescents in their acquisition of the concepts of Rational Emotive Therapy (Knaus, 1974). The instrument contains 38 multiple choice statements regarding issues about school, family, and oneself. The instrument reveals one score of rationality, with a higher score indicating more rational thinking and a lower score indicating less rational thinking.

Piers-Harris Children's Self Concept Scale

The Piers-Harris Self Concept Scale (PHCSCS) is a self-concept instrument designed to measure the way children feel about themselves (Piers, 1964). It is utilized to assess changes in the student's self-concept. It consists of 80 first person, simple declarative sentences which are answered "yes" or "no." The six main factors of self-concept that are statistically measured within the scale are: behavior, intellectual and school status, physical appearance and attributes, anxiety, popularity, and happiness and satisfaction (Berler, 1981).

Comprehensive Test of Basic Skills

The Comprehensive Test of Basic Skills (CTBS) is an achievement battery that is applicable for children in the seventh and eighth grades. The test is utilized to measure systematically how well students have mastered the skills necessary for learning and day-to-day living. The complete CTBS battery contains tests in six basic skill areas: reading, language, mathematics, reference skills, science, and social studies. The six areas are then subdivided into ten separate timed tests. A partial battery of the CTBS was utilized in this study consisting of three major skill areas: reading, language, and mathematics. Grade equivalents and percentile rankings were obtained from each of the three categories.

PROCEDURE

After permission was obtained from the school district, the author met with the principal and the learning directors of the school to explain the parameters of the study and define the types of adolescents, socially withdrawn or acting-out, that would participate in the study. The parents of the referred children, who were identified by their teachers and learning directors as exhibiting specific behaviors, were sent a letter through the mail that contained a combined release-of-information/permission-to-be-tested form that needed to be signed by both the referred child and the parent.

The "academic block" teachers, who instruct the children for three consecutive periods each day, were requested to complete the BBRS on each referred adolescent. This was done for two reasons. First, the BBRS was utilized to ascertain whether all of the socially withdrawn or acting-out adolescents fit the respective socially withdrawn or acting-out profiles of the BBRS as described by Burks (1977). And secondly, the BBRS was utilized to document the clinical behaviors of the two respective groups. After all of the adolescents were classified into one of the two respective clinical populations on the BBRS, they were randomly assigned to one of the three treatment groups: Rational Emotive Education, Transactional Analysis, and no-treatment control.

After placement into one of the three treatment groups, all six groups of acting-out and socially withdrawn adolescents were summoned and administered the CSRB, and the PHCSCS. During this time, the adolescents were verbally presented with a description of the study and an opportunity to ask questions. This period of introduction and pretesting consisted of a 45-minute time period during each of two consecutive weeks.

The 10-week treatment program (Rational Emotive Education or Transactional Analysis) was administered during four consecutive school periods. Each period lasted approximately 45 minutes. Rational Emotive Education was administered

during two of the periods, and Transactional Analysis was administered during the other two. As a result of each student's class schedule, the random assignment of the students into one of the three treatment programs, and the time limitations in which to present the program (four class periods); it was impossible to conduct classes in which the students were not mixed in regard to their age, grade and sex. Therefore, all four classes contained male and female adolescents of different ages who were in the seventh and eighth grades. Adolescents were cautioned not to miss any class because of the progressive nature of the treatment programs. Unfortunately, truancy did occur (see Table 1) and the author was forced to utilize another class day as a time when adolescents could make up their missed classes. The control group students were not placed in either of the two treatment programs and attended their regular classes.

After termination of the treatment program, all of the students were post-tested with the CSRB and PHCSCS. At the same time, their respective academic block teachers were then requested to complete the BBRS on each child. Thirty days later, all of the adolescents were again retested with the CSRB, BBRS, and the PHCSCS. After this follow up period, the students were debriefed and permitted to ask questions regarding the study. It was at that time that the author collected the CTBS data that the school personnel obtained during the middle and end of the 1981-1982 academic year.

The instructor for both the Rational Emotive Education program and the Transactional Analysis program was the first author of this study. Previous to his advanced graduate training, he had worked for four years as a psychology assistant where he rendered individual and family therapy, utilizing the techniques of Rational Emotive Therapy and Transactional Analysis. The instructor has also complete extensive reading, attended several educational workshops, and has written several graduate papers on both treatment modalities.

RESULTS

Pretest and posttest scores for each of the dependent measures of classroom behavior, rationality, self-concept, and achievement were analyzed by an analysis of covariance (ANCOVA). The independent variables were treatment: Rational Emotive Education versus Transactional Analysis versus control, and acting-out versus socially withdrawn adolescents. The follow up scores on the same dependent measures were also analyzed by ANCOVA. Only significant interaction effects were of interest. Post Hoc analyses were utilized to evaluate all significant differences between the treatment groups.

Self Concept

Table 2 illustrates the data for the total score on the PHCSCS. The F across groups for the posttest was significant controlling for the pretest. However, the F pre/post to follow-up test was not significant. Post Hoc analysis of the adjusted posttest scores on the PHCSCS indicated that the withdrawn group who received REE changed significantly higher than all of the other groups. Additionally, the acting-out group that received TA scored significantly higher than the withdrawn control group.

(Table 2 about here)

Behavior

An analysis of the pretest data indicated that the acting-out adolescents who were referred and behaviorally rated by their academic block teachers on the BBRS fit Burks' (1982) major descriptive category of the Aggressive-Hostile Child. All adolescents were rated in the "significant" range on the following nine behavioral subscales: poor intellectuality, poor academics, poor impulse control, excessive suffering, poor anger control, excessive sense of persecution, excessive aggressiveness, excessive resistance, and poor social conformity. All of the referred socially withdrawn adolescents were also rated as being in the "significant" range on the five major behavioral subscales describing Burks' (1982) Shy-Withdrawn Child. These adolescents are described by Burks as having the following characteristics: excessive withdrawal, excessive dependency,

poor ego strength, excessive anxiety, and poor coordination. There were no significant differences between the various treatment groups on the following nine behavioral scales on the BBRS: excessive self blame, poor physical strength, poor coordination, poor intellectuality, poor academics, poor attention, poor reality contact, poor sense of identity, and excessive suffering.

Pre to post test differences between groups were found on the subscales regarding excessive anxiety, excessive withdrawal, excessive dependency, and poor ego strength. On each variable, adjusted posttest scores for the withdrawn group receiving REE were lower than all other groups except withdrawn students receiving TA.

For poor anger control and poor social conformity, both acting-out and withdrawn students receiving REE and TA were significantly lower than the controls. Acting-out students getting REE were lower than controls on poor impulse control, excessive sense of persecution, excessive aggressiveness, and excessive resistance. No significant group differences were observed at follow-up after controlling for both pre and post test difference.

Concepts

The data for the CSRC score is presented in Table 3. The F pre to posttest was found to be significant. However, the F pre/post to follow-up test was not significant. Post Hoc analysis of the adjusted posttest scores on the CSRC indicates that the withdrawn group who received REE scored significantly higher than all the other groups. Additionally, the acting-out adolescents who received REE scored significantly higher than the acting-out adolescents who received TA.

Achievement

The data for the achievement scores on the CTBS-F pre to post, and pre/post to follow-up was not significant.

(Table 3 about here)

DISCUSSION

The analysis of the data collected relative to the principle objectives of the study indicated significant differences between the REE, TA, and the no-treatment control groups on self-concept, classroom behaviors, and the ability to comprehend REE of the acting-out and socially withdrawn adolescents.

The socially withdrawn adolescents who received REE increased substantially in their self-concept when compared to the other groups. This partially supported the work of Knaus and Bokor (1975) who documented that REE is effective in raising one's self-concept. The adolescents in this study felt significantly more postive about their own intellect and school status, physical appearance, popularity, anxiety, and happiness and satisfaction. However, even though the increases were still apparent in these subscale scores after the 30 day follow-up period, the level of significance was not maintained after controlling for both the pre and posttest. The self-concept of the acting-out adolescents did not increase as a result of the REE program. Therefore, it appears that a short-term REE program does not result in significant changes in the self-concept of these adolescents.

A significant difference was found in the ability of both groups of adolescents to understand REE. Socially withdrawn adolescents who received REE did obtain a significant increase in their score on the Children's Scale of Rational Concepts when compared to the other treatment groups. This indicated that socially withdrawn adolescents were more able to maintain the theoretical concepts of REE over time than the other treatment groups. Additionally, the acting-out group who received REE scored significantly higher than the acting-out adolescents who received TA. Thus, it does appear that both socially withdrawn and acting-out adolescents can learn to think more rationally. However, the content acquisition of both groups did not remain at the significant level during the follow-up period 30 days later. This finding substantiates Harris'

(1976) research which documented that children do not retain the concepts of REE after a four-week follow-up period. Although Harris utilized normal, non-disturbed children in the study as subjects, it does appear that both normal children and adolescents with bahavioral difficulties can overcome previously learned irrational ideations. However, continual utilization and review of the theoretical concepts of REE must be maintained over time if one is to continue to think in a more rational manner.

Neither the acting-out nor the socially withdrawn adolescents scored higher on the achievement measures after learning the concepts of REE. Thus, it does not appear that a short-term REE treatment program is effective in elevating the achievement scores of these adolescents. Therefore, it can only be hypothesized that a longer period of time spent reviewing the concepts of REE may be necessary to obtain increases in achievement scores.

The socially withdrawn adolescents who received REE scored significant lower on the excessive anxiety subscale when compared to all of the other treatment groups. Additionally, the socially withdrawn group who received REE scored significant lower than all of the other treatment groups except the withdrawn group who received TA on the following subscales: excessive withdrawal, excessive dependency, and poor ego strength. Thus, the withdrawn adolescents who received REE were behaviorally rated by their teachers on the posttest as being significantly: less anxious, less dependent, less withdrawn, and having better ego strength. Furthermore, the withdrawn adolescents who received TA also scored significantly lower than all of the other groups, except the withdrawn group who received, and were behaviorally rated by their teachers as being less anxious, less withdrawn, less dependent, and having better ego strength. However, even though TA was significantly effective with these adolescents, the TA group did not reach as high a level of significance, nor was it as significantly different with all of the other treatment groups as was the REE group.

Regarding the classroom behaviors of the acting-out adolescents, the group that received REE scored significantly lower than all of the treatment groups on the poor social conformity subscale. The acting-out adolescents that received REE also scored significantly lower than one or more of the treatment groups of the following behavioral subscales: poor impulse control, poor anger control, excessive sense of persecution, excessive aggressiveness and excessive resistance. Additionally, the acting-out group that received TA scored significantly lower than one or more of the treatment groups on the excessive resistance and poor social conformity subscales. Thus, the acting-out adolescents who received REE were behaviorally described by their teachers as having better impulse control, anger control, and social conformity. They were also described as being less resistant, less aggressive, and having less of a sense of persecution. The acting-out adolescents who received TA also were significantly described by their teachers as being less resistant and having more social conformity.

In conclusion, this research provided evidence that a short-term treatment program based upon the theoretical concepts of REE can be taught effectively in a school environment, and can be taught effectively to groups of adolescents who exhibit socially withdrawn and acting-out behaviors. Thus, in this day and age of financial cutbacks, REE can be utilized as an economical treatment program that can be administered in a junior-high school setting.

Rational Emotive Education is a program that can be understood by socially withdrawn adolescents and can be utilized effectively to increase their self esteem and obtain less withdrawn behaviors in the classroom. More specifically, socially withdrawn adolescents who received REE felt significantly better about their outward behaviors, physical appearance and attributes, intellect and school status, anxiety level, popularity, and personal happiness and satisfaction. Additionally, these same adolescents were behaviorally described by their classroom teachers as being significantly less anxious, less withdrawn, less dependent, and having better ego strength. Thus, a short-term school based REE treatment

program is significantly effective regarding the variables of self-concept and classroom behaviors with groups of socially withdrawn adolescents.

Furthermore, this investigation provided data that acting-out adolescents could benefit from an REE treatment program. Acting-out adolescents who received REE were behaviorally described by their teachers as being significantly less aggressive, less resistant, and having more impulse and anger control. They are also described as being more socially conforming and feeling less persecuted against. The REE program did not significantly affect the self-concept of the acting-out adolescents even though some behavioral changes were observed. Thus, it appears that a longer period of time is needed before the acting-out adolescents "feel o.k." about making such behavioral changes.

The REE program did not result in an increase on the various achievement scores with both groups of adolescents. This finding was further substantiated by the results on the academic and intellectuality subscales on the BBRS. Therefore, it does not appear that a short-term cognitive based treatment program results in immediate changes on the achievement abilities of adolescents with behavioral difficulties. Even though REE is significantly effective in bringing about some changes in the classroom behaviors of acting-out adolescents, it appears to be more effective with groups of socially withdrawn adolescents.

In reviewing the parameters of this study, one of the major problems encountered was the diversity of adolescents in the treatment groups in regards to their sex, age, and grade. This lack of control did not appear to have a noticeable affect upon the results with the socially withdrawn adolescents. However, from the authors' point of view, it was a major problem with the acting-out adolescents. This comment was made as a result of observing the classroom interactions that took place between these adolescents. Approximately five to six weeks of the treatment program was spent with the acting-out adolescents establishing a "pecking order" or hierarchy of strength and importance within the class. Class interruptions, arguments, profanity, and brief physical

encounters were common place and little or no learning took place during this time. The turmoil ceased only after the classroom leadership was established. Thus, it is recommended that further research with acting-out adolescents utilize more homogenous groups as a method of minimizing these problems. Additionally, further research should also incorporate a longer treatment program with these adolescents. The short-term 10 week program that was utilized resulted in immediate significant increases in the areas of self-concept, classroom behaviors, and the comprehension of REE. However, these significant levels were not maintained at the 30 day follow-up period. Therefore, one may hypothesize that continual utilization and review of the theoretical concepts of REE must be maintained over time if the adolescents are to continue to think, feel, and act in a more rational manner.

Table 1

Numbers of Subjects in Each Treatment Group, Sex Group, Age Level, Grade Level, and Missed Treatment Sessions

	Grand Total	Socially Withdrawn Subjects			Acting-Out Subjects		
		REE[1]	TA[2]	C[3]	REE	TA	C
SEX							
Males	53	8	7	7	11	10	10
Females	27	5	5	6	3	4	4
AGE							
12	4	0	0	1	2	1	0
13	19	4	2	4	3	2	3
14	36	4	7	4	7	6	8
15	22	5	3	4	2	5	3
GRADE							
7	34	6	5	4	6	7	6
8	46	7	7	9	8	7	8
MISSED SESSIONS							
0	26	11	11	0	2	2	0
2	7	0	0	0	3	4	0

[1] REE = Rational Emotive Education
[2] TA = Transactional Analysis
[3] C = Control Group - No Treatment

Table 2

Summary of Piers-Harris Total Scores

Treatment Groups	Pre	Post	Follow-Up
1. Acting-Out: Rational Emotive Education	54.29	57.14	55.28
2. Acting-Out: Transactional Analysis	54.12	55.07	54.36
3. Acting-Out: Control - No Treatment	53.07	53.86	53.43
4. Socially Withdrawn: Rational Emotive Education	44.54	52.54	49.77
5. Socially Withdrawn: Transactional Analysis	45.17	48.33	47.33
6. Socially Withdrawn: Control - No Treatment	47.00	48.00	47.31

Table 3

Summary of Children's Scale of Rational Concepts

Treatment Groups	Pre	Post	Follow-Up
1. Acting-Out: Rational Emotive Education	12.79	15.64	14.57
2. Acting-Out: Transactional Analysis	12.50	12.21	12.93
3. Acting-Out: Control - No Treatment	14.57	14.86	13.14
4. Socially Withdrawn: Rational Emotive Education	12.54	20.92	18.00
5. Socially Withdrawn: Transactional Analysis	12.25	13.50	13.42
6. Socially Withdrawn: Control - No Treatment	13.77	14.31	14.54

REFERENCES

Ball, J. D. Transactional Analysis and Rational Emotive Therapy. Transactional Analysis Journal, 1978, 8, 19-22.

Berler, M. Perceived parent-child relationships and the self-concept of intellectually gifted children. Unpublished doctoral dissertation, California School of Professional Psychology - Fresno, 1981.

Berne, E. Transactional Analysis in psychotherapy. New York: Grove Press, 1961.

Brody, M. The effect of the Rational Emotive Education approach on anxiety, frustration tolerance, and self esteem with fifth grade students. Unpublished doctoral dissertation, Temple University, 1974.

Burks, H. F. Burks' Behavioral Rating Scales. Los Angeles: Western Psychological Services, 1977.

Burks, H. F. Burks' Behavioral Rating Scales. Los Angeles: Western Psychological Services, 1982.

Combs, P. H. Critical world educational issues of the next two decades. International Review of Education, 1982, 28, 143-158.

Corey, G. Theory and practice of counseling and psychotherapy. Monterey: Brooks-Cole Publishing Company, 1977.

DiGiuseppe, R., & Kassinove, H. Effects of a rational emotive school mental health program on children's emotional adjustment. Journal of Community Psychology, 1976, 4, 382-387.

Eisenberg, L. Normal child development. In H. Kaplan, A. Freedman, & B. Sadock (Eds.), Comprehensive textbook of psychiatry. Baltimore: Williams & Wilkins, 1980.

Ellis, A. Reason and emotion in psychotherapy. New York: Lyle Stuart, 1962.

Ellis, A. Humanistic psychotherapy. New York: McGraw-Hill, 1973.

Ellis, A. The practice of Rational Emotive Therapy. In A. Ellis & J. Whiteley (Eds.), Theoretical and empirical foundations of Rational Emotive Therapy. Monterey: Brooks-Cole, 1979.

Ellis, A., & Grieger, R. Handbook of Rational Emotive Therapy. New York: Springer Publishing Company, 1977.

Freed, A. M. Transactional Analysis for kids (and grown-ups too). Sacramento: Jalmar Press Incorporated, 1971.

Freed, A. M. Transactional Analysis for tots (and other prinzes). Sacramento: Jalmar Press Incorporated, 1973.

Harris, S. Rational Emotive Education and the human development program: A guidance study. Elementary School Guidance and Counseling, 1976, 4, 113-122.

James, M., & Jongeward, D. Born to win. Massachusetts: Addison-Wesley, 1971.

Jones, R. T., & Kazdin, A. E. Childhood behavior problems in the school. In S. Truner, K. Calhoun, & H. Adams (Eds.), Handbook of clinical behavior therapy. New York: John Wiley & Sons, 1981.

Knaus, W. Rational Emotive Education: A manual for elementary school teachers. New York: Institute for Rational Living, 1974.

Knaus, W. Rational Emotive Education. Theory into practice, 1977a, 16, 251-255.

Knaus, W., & Bokor, S. The effect of Rational Emotive Education on anxiety and self concept. Rational Living, 1975, 10, 7-10.

Knaus, W., & Eyman, W. Progress in Rational Emotive Education. Rational Living, 1976, 11, 8-11.

Levey, R. E. Effects of academic class placement on self concept variables, feelings about school, and mental health. Unpublished doctoral dissertation, California School of Professional Psychology - Fresno, 1979.

Malmquist, C. P. Development from thirteen to sixteen years. In J. Call, J. Noshpitz, R. Cohen, & I. Berlin (Eds.), Basic handbook of child psychiatry. New York: Basic Books Incorporated, 1979.

McGraw-Hill. Test of basic skills: Teacher's guide. Monterey: McGraw-Hill, 1973.

Piers, E. V. The Piers-Harris Children's Self Concept Scale: Research monographs #1. Nashville: Counselor Recordings and Tests, 1964.

Piers, E. V., & Harris, D. B. Age and other correlates of self concept in children. Journal of Educational Psychology, 1964, 55, 91-95.

Ritchie, B. The effect of Rational Emotive Education on irrational beliefs, assertiveness, and locus of control in fifth grade students. Unpublished doctoral dissertation, Virginia Polytechnic Institute and State University, 1978.

Simon, B. The ideology of cuts. Forum, 1982, 24, 31.

Weiner, I. B. Psychological disturbance in adolescence. New York: John Wiley & Sons, 1970.